The NPC's eLearning tool - NPCi

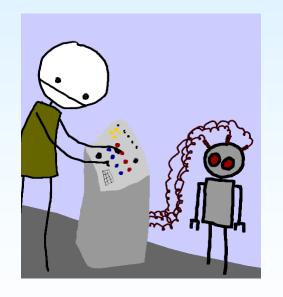
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Background and aim

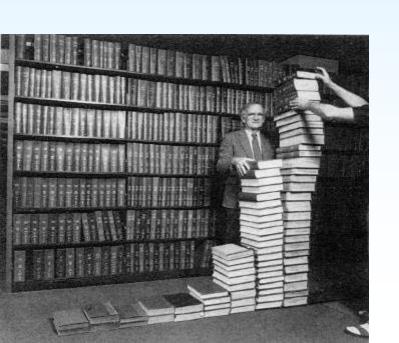
- NPC provides support around therapeutics and medicines management for healthcare professionals in England:
 - Face to face education via network of trainers
 - Publications
 - Good practice guides
- Issues:
 - Limited audience (~2000 people/year)
 - Problems with GRIP:
 - o Information Mastery
 - o Clinical decision making
 - o Explaining risks and benefits to patients







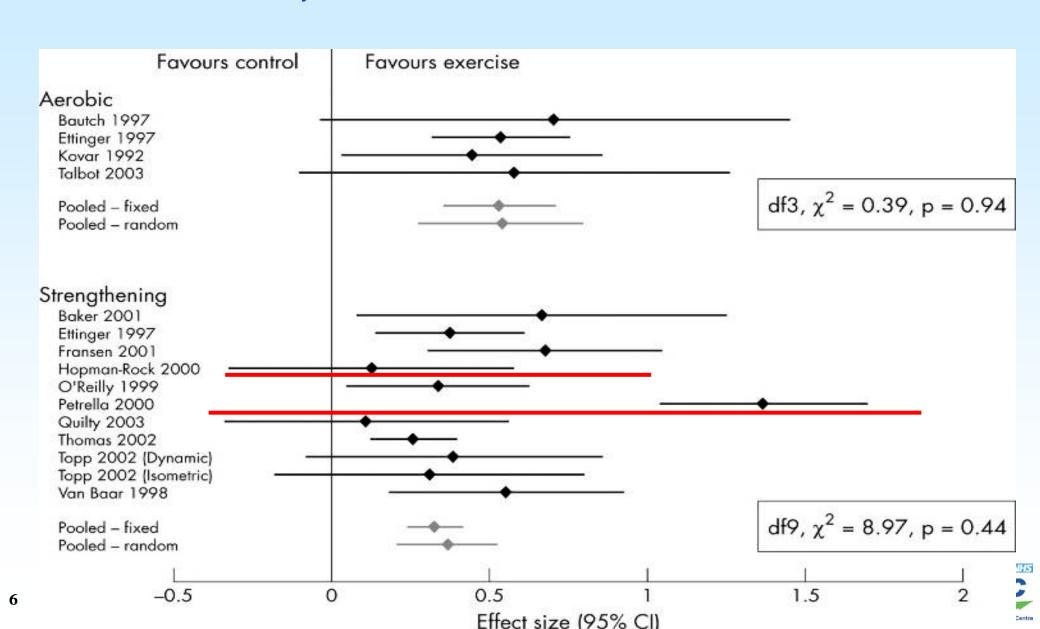
Information Management





Effect of Exercise on Pain in Knee OA

Roddy E, et al. Ann Rheum Dis 2005; 64: 544-8



How can we keep up?

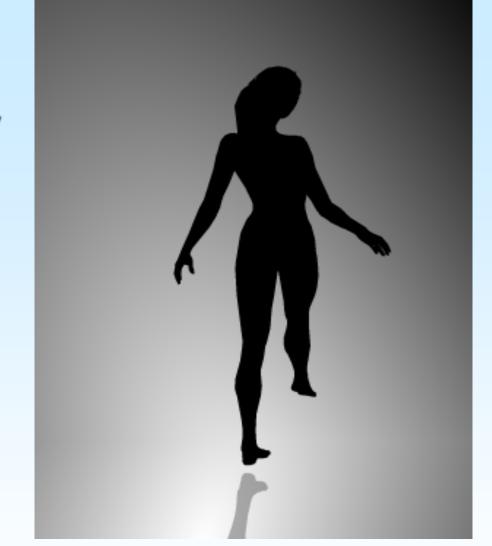
Sackett D et al BMJ 1996;312:71-72

- "The difficulties that **clinicians** face in keeping abreast of all the medical advances reported in primary journals are obvious from a comparison of the time required for reading
- For general medicine, enough to examine 19 articles per day, 365 days per year with the time available
 - well under an hour a week by British medical consultants, even on self reports."



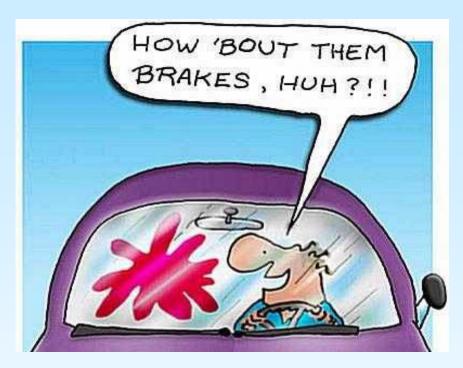
Cognitive Psychology

How do we make decisions?











12



Humans make decisions by.....

Small number of variables

+

Allocate value to those variables

+

Time frame

_

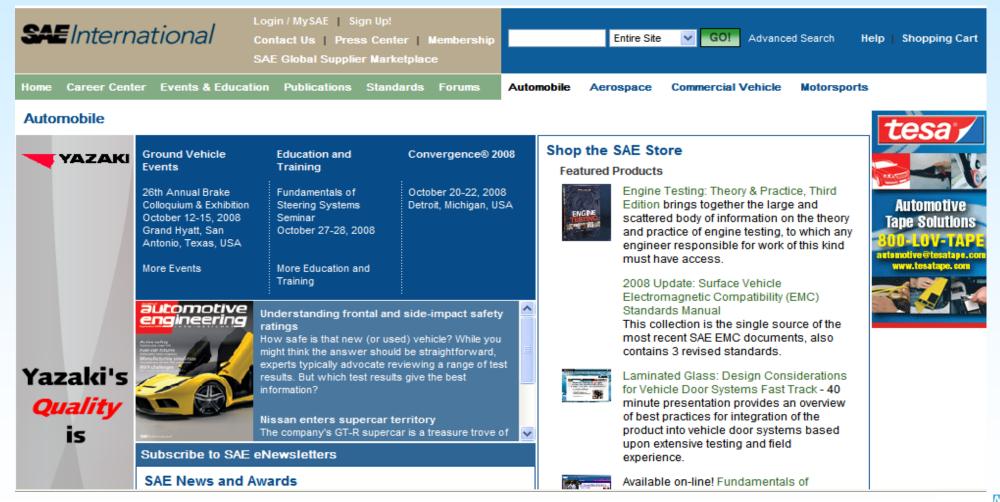
DECISION

- Brief reading
- Talking to other people





How many people access the systematic reviews???





How is knowledge managed in primary care?

Gabbay and le May BMJ 2004; 329: 1013 – 6.

- Not once was a guideline read
- Expert computer systems rarely used (never in real time)
- Shortcuts to evidence
 - free magazines
 - network of trusted colleagues (rarely if ever questioned)
 - Pharma reps considerable scepticism (but not without influence)
 - Pharmaceutical adviser highly trusted source.

"Clinicians rarely accessed, appraised, and used explicit evidence directly from research or other formal sources; rare exceptions were where they might consult such sources after dealing with a case that had particularly challenged them."



- Information Mastery requires two different approaches to managing information:
 - Foraging a method of being alerted to new relevant, valid information when it is published
 - Hunting a method of finding information when it is needed
- We would add a third:-
 - Hot-synching clinicians rapidly checking once or, at the most, twice a year that their key approaches for the management of conditions they see commonly still match the best evidence



Pre-digested sources of evidence from trusted sources:

Public-sector ethos

Published methodology of how produced

Translation of evidence into practice

Context of the rest of the evidence



















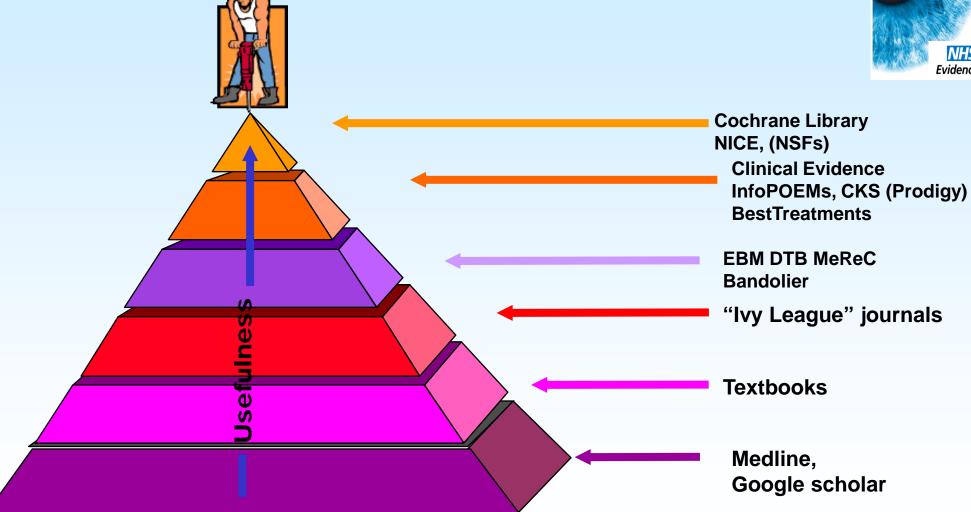




Finding the 'best answer', first time

Slawson DC and Shaughnessy AF







Methods, results, limitations

- eLearning theory (Gilly Salmon et al)
- Design based on these principles:
 - Foraging:
 - o Summaries in the context of the rest of the evidence (*blogs*)
 - o eCAB
 - Hot synching
 - o What are the important changes since I last updated my brain?
 - o NPCi floors
 - Hunting:
 - o Much more difficult (NHS Evidence)
- Bite sized chunks
- Information, education, entertainment!



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Explaining risks and benefits to patients



EFFECTS OF CLOPIDOGREL IN ADDITION TO ASPIRIN IN PATIENTS WITH ACUTE CORONARY SYNDROMES WITHOUT ST-SEGMENT ELEVATION

THE CLOPIDOGREL IN UNSTABLE ANGINA TO PREVENT RECURRENT EVENTS TRIAL INVESTIGATORS*

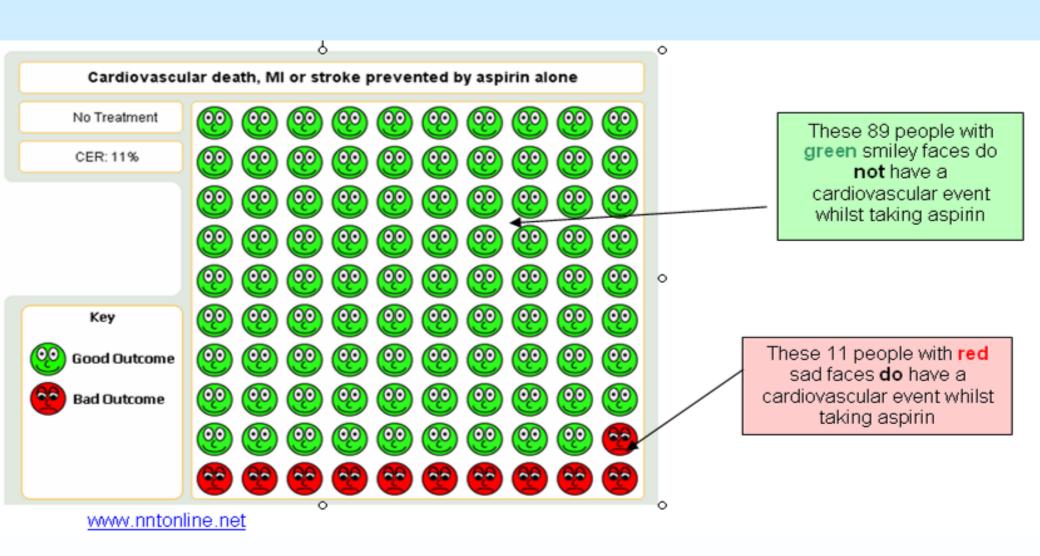
The primary outcome – a composite of death from CV causes, nonfatal MI or stroke – occurred in 9.3% of the patients in the clopidogrel group and 11.4% of the patients in the placebo group (RR 0.80, 95% CI 0.72 to 0.90; P<0.001

For the first primary outcome, what was the:-

- Absolute risk reduction (ARR)
- 2. Relative risk reduction (RRR)
- Number needed to treat (NNT)

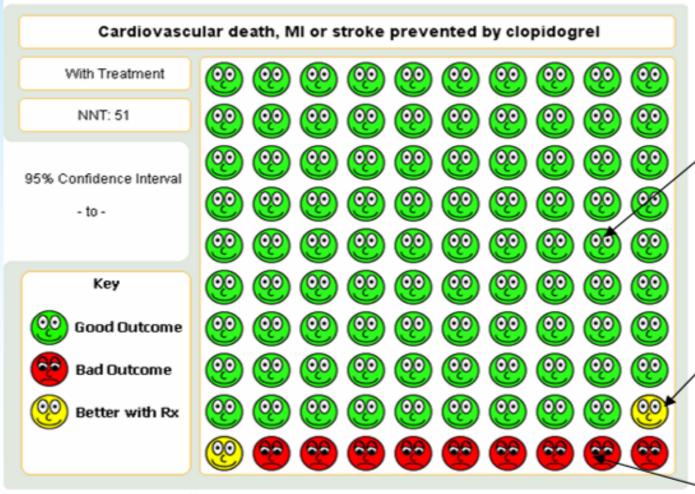
How would you explain these benefits to a patient?







The picture below shows 100 people like those in the CURE study and what would happen to them in terms of cardiovascular events if they took aspirin plus clopidogrel for 9 months



These 89 people with green smiley faces still do not have a cardiovascular event whilst taking aspirin plus clopidogrel

These 2 extra people with yellow faces are prevented from having a cardiovascular event by taking clopidogrel in addition to aspirin

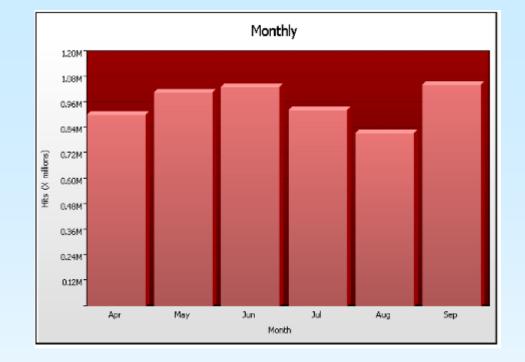
These 9 people with red sad faces still have a cardiovascular event despite taking aspirin plus clopidogrel

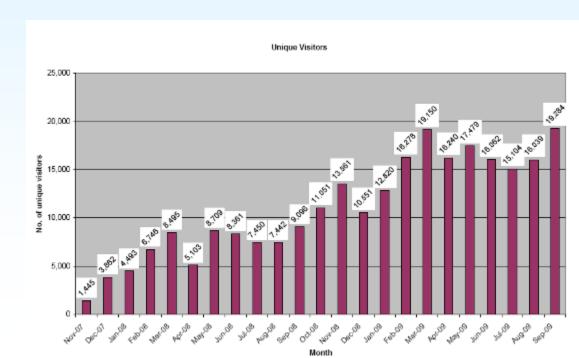
www.nntonline.net



NPCi User stats

- ~ 1million hits per month
- ~ 20k unique visitors
- Blogs are most popular hit
 - ~1000 hits/day
- Patient decision aids also very popular





Conclusions and future developments

- Individualised CPD records
- Improving some of the functionality
- Discussion forums needs more involvement (eMentoring?)
- NPCi is here and we would love your feedback
- The EBM community is excellent at teaching critical appraisal skills, but.....
 - How do clinicians use these in practice?
 - Focus on using and understanding the trusted sources?
 - Translating the evidence into potential actions for clinicians
 - Explaining the results to others (patients)
 - Understanding clinical decision making
 - Working with everyday human behaviour





"Knowledge is knowing a tomato is a fruit;

"Wisdom is not putting tomatoes in a fruit salad"

